	Effective January 1, 2003													
	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
TOTAL CLAIMS			(Column 1)		(Column 2)		TYPE			OTHER THA OR SMALL ENTI				
			15	5				RATE		FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Basic Fee		375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			5 minus 20=		٨			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			, minus 3 =		•			X42=			1	You	 	
MULTIPLE DEPENDENT CLAIM PF			RESENT					1		•	OR	7072	 -	
* If the difference in column 1 is i			less than a	"O" in c	olumn 2	+140=			OR	+280=				
, 1			MENDED - PART II				•	TOTA	T		OR	TOTAL	750	
911/07 (Column 1) (Column 2) (Column 2)							n 3)	SMAI	ΤE	NTITY	OR	OTHER		
AMENDMENTA		CLAIMS REMAINING		RIGH!	ST	PRESE	7		T	ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO PAID F			EXTRA	RAT	ין :	TIONAL FEE		RATE	TIONAL	
	Total .	.5	Minus	0	0	= _	コ	X\$ 9:	<u>.</u> †	FEE		X\$18=	FEE /	
	Independent	• /	Minus	erent -	3	-		X42=	-		OR		\/	
_	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			A42=	4		OR	X84=	X	
(A) (A)								+140=			OR	+280=	$/ \setminus$	
1	02.0	(Column 1)						ADDIT. FE			OR	TOTAL ADOIT, FEE		
MENDMENT 8		CLAIMS		(Colum HIGHE	ST	(Columi	13)		_				•	
		REMAINING AFTER		NUMB PREVIO	JSLY	PRESE!		RATE		ADDI- IONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT	Minus	PAIDA	OR		\exists		4	FEE			FEE	
	Independent	. 7	Minus	111	\exists	•	\exists	X\$ 9-	\perp	7	OR	X\$18=		
₹	FIRST PRESE	NTATION OF ML	LTIPLE DEI		CLAIM	$\overline{\Box}$	\dashv	X42=			OR	X84=		
								+140=			OR	+280=		
								ADDIT. FE	Į	\neg	OR .	TOTAL		
۰,		(Column 1)		(Column		Column	3)					ADDII. PERE		
5 F		REMAINING AFTER		HIGHE	R	PRESEN				ADDI-	Γ		ADDI-	
		AMENDMENT		PREVIOU PAID FO		EXTRA		RATE		ONAL FEE		RATE	TIONAL FEE	
	Total		Minus	44		=		X\$ 9=	T		OR	X\$18=	755	
5 L			Minus	***		•		X42=	十	$\neg \neg$	· · ·			
1	· ····································	NTATION OF MU	LI IPLE DEF	ENDENT C	MIAL				╀		OR	X84=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** TOTAL *** OR														
	the "Highest Nem	ther Provincely Pal	d For IN THIS	S SPACE IS IS	rss than a	20, enter "		TOTAL ADDIT. FEE			OR A	TOTAL DOT, FEE		
	··· influent wall	ber Previously Paid	For (Total or	Independent	ls the hi	ighest nun	nber for	and in the a	DOFOS	oriate box i	n entur	mn 1	- I	

FORM PTO-675 (Res. 1202)

Peterst and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Application or Docket Number